Revision: HCFA-PM-91-4 AUGUST 1991		(BPI	D)	OMB No.:	0938-				
State/Territory: Missouri									
Citation		18 <u>Re</u>	cipient	t Cost Sharing a	nd Similar Char	ges			
42 CFR 447 through 44				Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do nexceed the maximum allowable charges under 42 CFR 447.54.					
1916(a) ar of the Act		(b)	and (6 categorial benefit	t as specified i 5) below, with r orically needy o iciaries (as def ct) under the pl	espect to indiv r as qualified ined in section	iduals covered as Medicare			
		(1) No imp	enrollment fee, posed under the	premium, or si plan.	milar charge is			
		(2	cha	deductible, coi arge is imposed llowing:		ment, or similar for the			
			(i)	Services to ind under	ividuals under	age 18, or			
				<u> </u>					
				/ Age 20					
				/ Age 21					
				Reasonable cate age 18 or older charges apply a	, but under age				
			(11)	Services to pre pregnancy or an may complicate	y other medical				
TN NoSupersedes	/-4/ B Ap	proval	Date	DEC 1 1 1991	Effective Date	10/1/9/			
TN No. M		•				82E			

HCFA-PM-91- 4 Revision: (BPD) AUGUST 1991

OMB No.: 0938-

State/Territory:

Citation

4.18(b)(2) (Continued)

42 CFR 447.51 through 447.58

(111)All services furnished to pregnant women.

Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

- Services furnished to any individual who is an (iv) inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
- (V) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- Family planning services and supplies furnished to individuals of childbearing age.
- Services furnished by a health maintenance (vii) organization in which the individual is enrolled.

1916 of the Act, P.L. 99-272, (Section 9505)

Services furnished to an individual (viii) receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 41-4 2 Approval Date Supersedes

DEC 1 1 1991

Effective Date

HCFA ID: 7982E

**							
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-				
	State/Territory:	Miss	ouri				
Citation	4.18(b) (Co	ontinue	i)				
42 CFR 447 through 447.48	.51 (3)	applie copayr servie	Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.				
		<i>□</i>	Not applicable. No such charges are imposed.				
	(r any service, no more than one type of arge is imposed.				
	(1		arges apply to services furnished to the llowing age groups:				
			△ 18 or older				
			/_/ 19 or older				
			20 or older				
			Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.				

TN No. 9/-42 Supersedes Approval Date TN No. 86-21	DEC 1 1 1991	Effective Date 10/1/9/
Supersedes Approval Date		Effective Date _////////
TN No. <u>36-31</u>		
		UCER ID. 7007F

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State/Territory:

Missouri

Citation 1916(c) of the Act

4.18(b)(4) // A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by

recipients.

1902(a)(52) and 1925(b) of the Act

4.18(b)(5) // For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

1916(d) of the Act

4.18(b)(6) // A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. MS-91-44

Supersedes Approval Date TN No. MS-86-21

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Effective Date 11/01/91

HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 (BI AUGUST 1991	PD)		OMB No.: 0938-
:	State/Territory:	Missou	<u>ri</u>	
Citation	4.18(c)/	Individua the plan.	ls ar	re covered as medically needy under
42 CFR 447 through 44	7.58	impose amount subjec CFR 44 regard	d. <u>/</u> of a t to 7.52(ing t yment	ent fee, premium or similar charge in ATTACHMENT 4.18-B specifies the and liability period for such charge the maximum allowable charges in 42 (b) and defines the State's policy the effect on recipients of the enrollment fee, premium, or large.
447.51 thr 447.58	ough (2)	No ded or sim the fo	ilar	ble, coinsurance, copayment, charge is imposed under the plan fo ing:
		, ,	vices er	s to individuals under age 18, or
•				Age 19
				Age 20
				Age 21
			are a	onable categories of individuals who age 18, but under age 21, to whom ges apply are listed below, if icable:

TN No. 9/-4/ Superseder Approval Date TN No. MS 86-2/	DEC 1 1 1991	Effective Date 10/1/9/	_
TN No. M586-2/		HCFA ID: 7982E	

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territor	y: <u>M</u>	issouri
Citation	4.18 (c)	(2) (C	ontinued)
42 CFR 447 through 447.58	.51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
		(iii)	All services furnished to pregnant women.
			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
1916 of th P.L. 99-27 (Section 9	2	(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 thr 447.58	ough (viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals.
			Not applicable. No such charges are imposed.

TN No. 97-47
Supersedes Approval Date DEC 1.1 1984
TN No. MS 86-27
HCFA ID: 7982E

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Revision:	HCFA-PM-91-4 (B AUGUST 1991	PD)	OMB No.: 0938-
	State/Territory:	M:	issouri
<u>Citation</u>	4.18(c)(3)	<u>nomi</u> simi	ss a waiver under 42 CFR 431.55(g) applies, nal deductible, coinsurance, copayment, or lar charges are imposed on services that are excluded from such charges under item (b)(2) e.
			Not applicable. No such charges are imposed.
	(1		or any service, no more than one type of harge is imposed.
	(1		harges apply to services furnished to the ollowing age group:
		7	
		Z	_/ 19 or older
		Ĺ	
		Ź	
		У	easonable categories of individuals who are lears of age, but under 21, to whom charges pply are listed below, if applicable.

TN No. 91-41
Supersedes Approval Date DEC 11 1001 Effective Date 10/1/91
TN No. MS 86-21
HCFA ID: 7982E

Revision:	HCFA-PM-91- 4	(BPD)
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AUGUST 1991

OMB No.: 0938-

State/Territory: Missouri

Citation

4.18(c)(3) (Continued)

447.51 through

(iii) For the medically needy, and other optional groups, <u>ATTACHMENT 4.18-C</u> specifies the:

447.58

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

/ /	Not.	applicable.	There	is	no	maximum
<u>_</u> '	NOC	abbitcanie.	THETE	TD	110	movimum

TN No. 97-47
Supersedes Approval Date 00011100 Effective Date 10/1/9/
TN No. MS-86-2/
HCFA ID: 7982E

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